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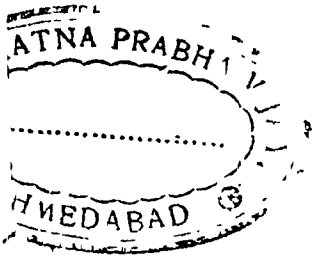

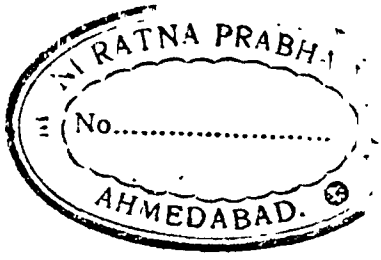

LIFE OF DR. SKINNER

Sincerely yours,
Tho. Skinner

THOMAS SKINNER

M.D.

A BIOGRAPHICAL SKETCH

BY

JOHN H. CLARKE

LONDON HOMŒOPATHIC PUBLISHING CO.

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PREFACE

THE passing of Thomas Skinner marked the close of an epoch in the history of British homœopathy, and the importance of the event was duly recognised by the publication of full obituary notices in the British homœopathic journals at the time. But it has seemed to me desirable for many reasons to put into more convenient and permanent shape a record, however brief, of the life and work of my friend and preceptor.

Dr. Skinner lived to see the victory of his own principles over those of the would-be improvers of HAHNEMANN'S

doctrines. But the victory is not yet as complete as it might be, and I do not think that I can better repay my debt of gratitude to my old friend than by giving to the world this sketch of his life, imperfect though it must of necessity be. By means of a separate volume the lessons of Dr. Skinner's career may be carried more widely and brought home more effectually than is possible in a passing journalistic notice.

It has been somewhere said that a persecuting allopath is better than an allopath who seeks to patronise homœopathy. There are some homœopaths who are never so happy as when an allopath bestows a patronising smile upon them, or pats them on the back. That may do for homœopathic individuals; but homœopathy can no more be patronised than can the law of gravity. Both

the one law and the other will work independently of any one's approval: an allopath who can look favourably on homœopathy should not stop there, but should become a homœopath. There is no middle way: an honest allopath must almost of necessity be a persecutor of homœopathy. Such was Dr. Skinner until a three-years' illness had brought him to despair, and fate drove him into the arms of homœopathy, and homœopathy cured him. And thus it was that the honest allopath became an honest homœopath.

It would have been quite open to Dr. Skinner to say pretty things about homœopathy—to admit that it had done much for him and might possibly do much for others; and yet to have argued that one swallow does not make a summer; and that at his time of life it was too late to alter his whole

scheme of practice: this course would have been open to him, but Dr. Skinner was not the man to take such a course as that. The honest persecutor became the honest student; and at the age of fifty Dr. Skinner did not hesitate to start his professional life afresh.

The first lesson to be learned from the life-history of our departed friend is the lesson of "thorough." Most of us hold our principles so loosely that we never quite know what we do hold and what we do not.

Another lesson we may learn from Dr. Skinner's career, and that is the wisdom of always, when possible, going to the fountain-head. Dr. Skinner learned his homœopathy from the works of HAHNEMANN himself—the *Organon*, the *Materia Medica Pura*, and the work on *Chronic Diseases*. The result of this

was that from the very outset Dr. Skinner acquired the correct homœopathic attitude; and he never lost it. HAHNEMANN discovered that the *phenomena*—the symptoms—of disease are the all-important factors in a patient *as guides to finding the similar remedy*. Dr. Skinner's pre-eminence as a practitioner and writer are due to the fact that he never lost his grip of this fact. It is on the plane of phenomena that the homœopath makes his observations *as far as prescribing is concerned;* the importance of nosological diagnosis and pathological diagnosis is in no respect diminished for the homœopath on this account; but these are of far less importance than the other as guides to finding the remedy.

It was Dr. Skinner's clear perception of this fact which brought him into conflict with the allopathised form of

homœopathy which is associated with the names of Professor Henderson and Dr. Richard Hughes. Dr. Skinner was not blind to the great qualities of these workers, but he could not help seeing the radically false attitude they assumed. "With all my admiration," he writes, "of the late Professor Henderson as a pioneer of the new truth, as one of the gallant band which has hitherto in this country bravely stood the brunt of the battle, he was, nevertheless, in my estimation, not a true disciple or interpreter of HAHNEMANN, but held a dwarfed and disintegrated form of the Master's great discoveries. . . . He adopted the *objective* or sensible signs of disease as the chief indication for the selection of the remedy, *which is not the teaching of Hahnemann.* He adopted as the only sound basis for the proper selection of a remedy the

pathological conditions (which he had all his professional life taught and been accustomed to look upon as the *sine quâ non* of sound scientific practice)—which is condemned by the *Organon* of HAHNEMANN." (Dr. Henderson, it must be noted, was a very distinguished professor of pathology in the University of Edinburgh).

There is no doubt that the Hendersonian and Hughesian form of homœopathy commends itself best to the neophyte trained in allopathic ideas, but the unfortunate thing about this is, that when once this form of homœopathy is accepted, there is very little likelihood of any further advance being made. Dr. Skinner has proved that it is possible to step at once from allopathy into pure Hahnemannian homœopathy, and to make of this a most brilliant success.

"Don't *believe*—TRY!". This is another lesson exemplified by Dr. Skinner's career. He did not waste time in "wondering" whether a thing was so or not, when he could put it to the experimental test. It was for this reason that he set himself to prove whether the highest attenuations had real therapeutic powers. His experiments proved beyond the possibility of question that they *have*. He wished to know whether it was simple *attenuation* or the *succussion* which was the greatest factor in developing the therapeutic power of the remedies. He solved this to his own satisfaction by making an attenuation as far as possible without succussion. He took a two-drachm phial and placed in it a drop of the ϕ tincture of *Sulphur*. He then allowed water to run very slowly into

the phial till it was filled. He then emptied it, without any shaking, and allowed it to refill in the same way. This he did a thousand times—and a tedious piece of work it was! When next a patient came to him with clear indications for the remedy he gave a dose. In this case the action was so powerful that it had to be antidoted. Other observations confirmed this, and thus Dr. Skinner proved to himself that attenuation is more important than succussion in developing therapeutic power. "*Haud credo—scio*" was his motto, as it should be the motto of every one claiming to be a man of *science.*

In the fulness of time Dr. Skinner has completed his work and delivered his message. We are entering on a new era in the history of our art, and the attitude assumed by those on whom the duty falls of leading the movement

is of the very first importance. Dr. Skinner has pointed the way—it is the way of HAHNEMANN.

JOHN H. CLARKE.

8, BOLTON STREET, W.
September, 1907.

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CHAPTER I

EARLY LIFE AND ANCESTRY.—ASSISTANT TO SIR JAMES YOUNG SIMPSON, BART.

THE life of Dr. Thomas Skinner forms a chapter of the first importance in the history of British Homœopathy, and its close terminates the earthly career of a most remarkable personality—a career marked by dramatic episodes and striking contrasts, but characterised throughout by the highest form of courage, unusual power, and transparent honesty.

Thomas was the second son of John Robert Skinner, a well-known solicitor of Edinburgh, or "Writer to the Signet," as lawyers are termed in Scotland. An elder son of the family, William Skinner, also a

Writer to the Signet, was well known in Edinburgh some thirty years ago as "Baillie Skinner," one of the city magistrates—a terror to evildoers among the medical students of the time. Later, William became town clerk of the Scottish capital, and held this office many years prior to his decease.

Though the Skinners were a Scottish family, and plentifully endowed with some of the best characteristics of the North, they came originally of English stock, tracing their descent from Archbishop Skinner (or "Skynner") of Reformation times.

Thomas was born on August 11, 1825, at Salisbury Road, Newington, a suburb of Edinburgh. He was educated in Edinburgh, and after leaving school entered the office of a business house, being destined for a commercial career. This did not at all suit Thomas Skinner, so in November, 1849, he entered on the study of medicine at the University of Edinburgh, and the Royal College of Surgeons of Edinburgh.

Two things Dr. Skinner learned in his office career which stood him in good stead in after life—precise and orderly business habits, and a beautifully clear, clerkly handwriting, which remained with him to the very last. The signature appended to the frontispiece portrait (one of the most recent) was written in March, 1903.

In 1853 Dr. Skinner obtained his first medical qualification, the Licentiateship of the Royal College of Surgeons of Edinburgh, and for two years thereafter he was engaged in private practice in Dumfriesshire. Four years later he became M.D. of the University of St. Andrews. In the session of 1851–52 he obtained the gold medal of Sir James Y. Simpson's class at the University. In this he was bracketed with William Priestley, who afterwards became Sir William Priestley, and was accoucheur to many members of the Royal Family. Dr. Skinner's pre-eminence in the speciality of diseases of women and obstetrics singled him out for Simpson's notice, and Simpson took him

into his own house as his private assistant, in which capacity he remained for two years. Nothing that ever happened in after years shook Dr. Skinner's admiration and love for the first of his medical heroes; and it says no little for Sir James that such close intimacy between master and disciple should have increased rather than diminished the disciple's regard. It is not always those who are closest to great men who are best able to appreciate them. Before Dr. Skinner accepted the assistantship he sought the advice of a friend who also knew Sir James intimately, having filled the post before him. "Simpson," said the friend, "has a heart as big as a pumpkin—and the temper of the very devil!" Dr. Skinner thought that for the sake of the big heart he would risk the temper, and accordingly accepted the post. He not only never regretted the step—he always looked back with very peculiar satisfaction to that period of his life. *Apropos* of Sir James Simpson's temper it may not be out of place to relate

an incident. Sir James had presided over the birth of a scion of Scottish nobility at some distance from Edinburgh, and, on taking his leave, was presented by the proud father with the magnificent fee of five-and-twenty pounds in notes! Simpson was so incensed by this meanness that he immediately handed the notes to the astonished butler, as a tip, on quitting the house. In money matters Sir James Simpson was generous and careless in the extreme; but he expected to be treated with fair recognition by those in a position to bestow it.

Dr. Skinner began his medical studies in November, 1849. About two-and-a-half years before that, Sir James Simpson had read his first paper on Chloroform Anæsthesia before the Medico-Chirurgical Society of Edinburgh (March 10, 1847). This paper was met with a storm of opposition from the profession, but this was soon overcome, and in Skinner's day Simpson's triumph was complete. Dr. Skinner retained his enthusiasm for chloroform to the last; indeed, he main-

tained that it is as harmless as milk. And so it was in his hands. His contribution to the anæsthetic epoch was the invention of the excellent and convenient inhaler known by his name ("Skinner's Mask") and drop-bottle ("Skinner's Drop-bottle"), still in very general use.

Simpson undoubtedly obtained the largest share of his fame from his chloroform discovery, but according to Skinner it was not from this source that the bulk of his practice and income came. Dr. Skinner points out on p. 87 of his *Homœopathy and Gynæcology* that the discovery of a condition which he terms "Morbus Simpsonii," and which Simpson describes as "Chronic Follicular Eruptive Inflammation of the Mucous Membrane, probably of the Colon," brought him a very large proportion of his practice. "Mucous Colitis" is the name the affection goes by at the present day, but according to Dr. Skinner it was Simpson who first clearly described it, and he treated it with a great deal of success. His chief remedies were

—*Arsenic*, *Tar*, *Liquor Potassæ*, *Oxalate of Cerium*, *Aqua Tiliæ Europeæ*, all which will be recognised as being pretty well indicated from a homœopathic point of view.

Another point of importance which Dr. Skinner learned from Simpson was the value of giving one remedy at a time. It was through this method that Simpson came to have a much clearer insight into the remedies he used than did most of his allopathic contemporaries. One great indication of Simpson's for the use of *Mercury* internally will be regarded as a good keynote by homœopaths—a muco-purulent discharge from any orifice.

I have gone somewhat at length into Dr. Skinner's relations with Simpson for a variety of reasons. In the first place it reflects much light on Skinner's character that he maintained such intimate relations with one who was undoubtedly among the greatest men of his century. In the next place it shows that though Simpson violently attacked homœopathy (of which more presently), and

though Skinner took Simpson's side in the dispute, there was nevertheless much in Simpson's practice and teaching which prepared the way for the stand Skinner took later on.

CHAPTER II

THE SIMPSON-HENDERSON CONTROVERSY

We now come to the Simpson-Henderson controversy on homœopathy. Dr. William Henderson was a very distinguished professor of pathology in Edinburgh University, and contemporary with Simpson. Henderson had had the fair-mindedness to examine homœopathy with a sincere desire to know what there was in it, with the inevitable result that he found it true. With courage equal to his clearness of vision he publicly announced the conclusion to which his investigations had led him. In 1845 he published *An Enquiry into the Homœopathic Practice of Medicine.* This was a very sharp thorn in the flesh of his brother professors,

and in 1853 Sir James Simpson published a reply, entitled, "*Homœopathy: Its Tenets and Tendencies.*"

I will now let Dr. Skinner tell the story in his own words taken from the introductory part of the later editions of his *Homœopathy and Gynæcology.*

This not only contains an interesting bit of autobiography, but it shows how Skinner stood with regard to "Hendersonian Homœopathy"—which, I may point out, is identical with "Hughesian Homœopathy." Now that the old controversy has come to the front in a new and acute form, it is well that a phase in the history of the past should be made to throw as much light as may be upon it. Skinner was Simpson's prizeman the year before Simpson's onslaught on homœopathy saw the light, and two years after its appearance became his private assistant. He was thus, by force of the mental atmosphere of his surroundings, acutely antagonistic to Professor Henderson. When Skinner eventually embraced homœo-

pathy, he emerged, like Minerva, fully equipped with Hahnemann's own armour, and was almost as acutely critical of Dr. Henderson from the Hahnemannian side as he had been from the Simpsonian side. From Simpson's point of view Henderson was too homœopathic. From the point of view of Skinner turned homœopath, Henderson was not homœopathic enough. The point is as important now as it was when Skinner first wrote of it. I will now give the extract, and I would call especial attention to the exceedingly lucid description and criticism of "Hendersonian Homœopathy"—a form of homœopathy by no manner of means extinct at the present day:—

"As it may be interesting to many to learn the chief cause which led to my intolerance of homœopathy, I may state that I was born and educated at Edinburgh, and was a pupil of the late Professor Sir James Young Simpson, Baronet. In 1851–52 I took his gold medal in Gynæcology and

Obstetrics, and in 1855–56, after being about three years in practice in Dumfriesshire, I became the private assistant of Sir James at his residence, 52, Queen-street, Edinburgh. Having been brought up from my youth to recognise in Sir James Simpson the leading medical light of the century, and having been in such close contact with him, I could scarcely escape becoming, as it were, impregnated with his views and bias as regards the great contest between the old school of medicine and homœopathy. So far as Sir James Simpson was capable of investigating the works of Hahnemann, he did investigate them in his own peculiar way—no quarter. He examined them only as a *litterateur* and a rival, never as a genuine truth-seeker or truth-lover ought to have done. He never tried the practice on the smallest scale, except to ridicule it. Besides, I do not think it possible for any man to teach himself homœopathy, any more than allopathy, without a master. Indeed, homœopathy is infinitely the more difficult of the

two. If every new truth or discovery were investigated in the manner in which Sir James investigated homœopathy, no other result could ensue but a wilful closing of our eyes to the truth. If any one will peruse Sir James's *Homœopathy: its Tenets and Tendencies* (Edin., 1853), he cannot fail to observe that the reigning passion in the author's mind is not the sober, unbiassed investigation of truth, but a thorough determination to prove the discoverer of homœopathy not only as deceived, but next to insane and a deceiver, and his entire system nothing but the baseless fabric of a vision. Having a greatly exaggerated idea of the capability of Sir James Simpson for the investigation of medical science, and being for the time spell-bound by the greatness and power of his genius, which I fully acknowledge, I took his reply to Hahnemann and his works as a complete settlement of the question. Sir James Simpson and Samuel Hahnemann are both in their graves, but not so homœopathy, which is only commencing to bud

and develop, for *magna est veritas et prævalebit.*

"SIMPSON AND HENDERSON.

"It may be well to remember that Sir James Simpson's criticism of homœopathy was written to a great extent in reply to one from the pen of his brother professor in the University, the late Dr. William Henderson, the title of which was *An Enquiry into the Homœopathic Practice of Medicine* (Lond. and Edin., 1845). It is also well to remember that the interval between the appearance of Professor Henderson's work and the reply of Professor Simpson was seven or eight years, so that the latter had plenty of time to do the subject every justice, if justice were to be had at his hands. There can be no excuse for the errors and misrepresentations which are to be found throughout the two hundred and eighty-six pages of Simpson's abuse of Hahnemann and Henderson. Professor Henderson lost no time in re-

plying to Simpson, as in the same year he published his *Homœopathy Fairly Represented*, which was unanswerable as far as Simpson was capable of answering it, so he very wisely allowed it to remain unanswered. From purblind prejudice, I never read this reply of Henderson until 1874, twenty-one years after it first saw the light.

"HENDERSONIAN-HOMŒOPATHY.

"With all my admiration of the late Professor Henderson as a pioneer of the new truth, as one of the gallant band which has hitherto in this country bravely stood the brunt of the battle, he was, nevertheless, in my estimation, not a true disciple or interpreter of Hahnemann, but held a dwarfed and disintegrated form of the Master's great discoveries, and one which has done more to keep back their acceptance by the body of the profession than anything. (1) He lost the true light when he *alternated* the remedy; because, by doing so, he could learn really

nothing of the true genius or sphere of action of any one remedy. (2) He adopted the *objective* or sensible signs of disease as the chief indication for the selection of the remedy, *which is not the teaching of Hahnemann.* (3) He adopted as the only sound basis for the proper selection of the remedy the pathological conditions which he had all his life been taught and accustomed to look upon as the *sine quâ non* of sound scientific practice, which is condemned by the *Organon* of Hahnemann; and he had the coolness to call his treatise '*Homœopathy "Fairly" Represented.*' By these false steps Henderson did great injury to the cause, and he and all his followers fell into the error *of treating disease by name instead of their patients by the totality of their symptoms and conditions.* Hence was developed the rage for *specifics* for bronchitis, pneumonia, cholera, croup, diabetes, diphtheria, and the like (homœopathy made easy), which is not the homœopathy of Hahnemann at all, however much it may resemble the genuine article, and however

scientific it may be thought to be by hybrid practitioners and their patients. By these deviations from the truth, as discovered, held, and practised by Hahnemann and his true disciples, Henderson was forced and tied down to the use of allopathic doses of low potencies and mother tinctures; to alternation of the remedy; to the constant use of external and local applications and allopathic palliatives of every kind; above which, hitherto, neither he nor his followers have been able to rise or do without. Hence the commonly received opinion at the present day, that high potencies are the weaker therapeutic power, and low potencies the greater; whereas the true Hahnemannian knows and believes and practises the reverse —that low potencies are what the term denotes in Hahnemannian language, the lower power, and high potencies the higher power—which is a further proof of the distortion of the truth as held and taught by the Hendersonian school of homœopathy.

"Hendersonian homœopathy, which at

present is all the fashion, is as different from that of Hahnemann as night is from day, and yet it is superior to allopathy, to which it is, unquestionably, closely allied.

"I would not have it thought that Hendersonian-homœopathy has been without its use. There can be no doubt whatever that it has greatly assisted in tracing the relation of certain medicines, in their action on the healthy body and mind, to certain diseases of more or less fixed symptoms and location, which is but a fraction of Hahnemann's system. The great misfortune is, that Henderson represented *the part* which he cultivated, and which he barely understood, as *the whole*.

"In spite of Henderson's shortcomings, all true and generous-spirited Hahnemannians cannot but admire and respect his true genius and sincerity.

"It is almost unnecessary to add that I much prefer the homœopathy of Hahnemann to that of any interloper or would-be improver of his marvellous system, and I

prefer to seek for directions how to practise it first-hand in Hahnemann's own works, where it is, thank Heaven, still to be found in its pristine purity. The true Hahnemannian revels, yea, glories, in the name of Hahnemann and homœopathy. He has no desire to see the day when homœopathy and and allopathy will be convertible terms—the two systems being diametrically opposed to each other when faithfully and honestly practised—yet, strange to say, there are men who may leave their 'footprints in the sands of time,' and who have for years past fought the good fight against the old school of medicine, who have signified their willingness to cave in and sell their birthright, their honour, their all that they have so long fought for, the truth—if they ever possessed it—for a mess of porridge, the privilege to hobnob and fraternise with those whose system of practice they have so long and so justly opposed. I say to such men the sooner they go over to allopathy the better for the homœopathy of the Master, or let us

hear no more of their willingness to resign the honourable name of 'Homœopath,' or 'Homœopathician,' as our American cousins prefer to call themselves.

"THE 'ORGANON' THE ONLY GUIDE.

"Although I was misled by Sir James Simpson, I do not blame him in the least; he himself knew no better. No one has a right to blame another for leading him astray; we have no one to blame but ourselves. Let every man judge for himself—let him take nothing on the *ipse dixit* of any man: no, not of Hahnemann himself—but let him examine all things well by the light that is in him, and hold fast by that which seems good and true. Let every physician and student of medicine do as I have done—carefully peruse for himself the *Organon* of Hahnemann, his *Chronic Diseases*, and his *Materia Medica Pura* (they are to be had in English), and I warrant him that he will rise from the perusal a wiser man. Above all, after the perusal

and study thereof, let him see the practice of homœopathy in the hands of a master in the art, and he will be forced to exclaim—'Have I been all this time in so great, such dense darkness, mistaking darkness for light, and light for darkness?' The *Organon* of the master is the only safe and sure guide to the student of homœopathy.

"The Great Value of the Single Remedy.

"In perusing the *Organon* of Hahnemann, Simpson picked up a great treasure—a golden rule in the successful and scientific cultivation of either school of medicine—and that was, *never to prescribe more than one medicine at a time and more particularly when testing or proving a medicine.* Any one who has seen much of Sir James's practice must have been struck with this peculiarity. I do not think it was his own idea, but a borrowed light—and a grand light it is; and it would be well for both schools of medicine

if this golden rule were more universally adopted. There are other sources from which Simpson may have obtained this practical guide in therapeutics, and I allude to it chiefly to show the great weight attached to it by at least three of the most remarkable minds which have ever adorned the study of medicine, namely, Cullen, Hahnemann, and Simpson. It is just possible that both Hahnemann and Simpson got the idea originally from Cullen, who in his published works wrote as follows: 'There is nothing I desire so much as that every disease we treat here should be a matter of experience to you; *so that you must not be surprised that I* use ONLY ONE REMEDY *when I might employ two or three, for in using a multiplicity of remedies* WHEN A CURE DOES SUCCEED, *it is not easy to perceive which is the most effectual.* I wish that you may always have some opportunity of judging with regard to their proper effects.' It is a remarkable fact that Hahnemann first conceived of homœopathy whilst he was engaged in translating

the works of Cullen into his native language, and it is more than probable that this very passage may have had a great deal to do with the foundation of his theory and practice of medicine."

Thus far Dr. Skinner; and I do not think any reader of the extract can charge him with unfairness to any party. The little work from which I quote has had an important place in my own personal history, and no homœopathic library should be without a copy. It is full of practical points of the utmost value and striking clinical experiences.

CHAPTER III

PRACTICE AS A SPECIALIST IN LIVERPOOL.—ILLNESS AND CURE BY HOMŒOPATHY.—"HOMŒOPATHY AND GYNÆCOLOGY."—INVENTION OF HIS FLUXIONAL CENTESIMAL POTENTISER.

FROM Edinburgh Dr. Skinner directed his steps to Liverpool, where he started practice in 1859 and at once took a leading position in Obstetrics and Gynæcology, being appointed Obstetric Physician to the Liverpool Lying-in-Hospital and Dispensary. In Liverpool and the neighbourhood he enjoyed a busy consulting practice for a number of years. It was during this period that he married his first wife, the daughter of a wealthy Lancashire manufacturer.

After some years, under the strain of his large practice, his health broke down, and an attack of influenza which supervened left almost complete insomnia in its train. For three years he was practically *hors de combat.* At one period of the time he took a position as medical officer on board one of the transatlantic liners. After years of travel by land and sea, though his general health was greatly improved, he was in no sense cured. It was just at this time that he was incidentally—"in a very remarkable way"—thrown into the arms of homœopathy. The piquancy of the new situation will be understood when it is mentioned that hitherto Dr. Skinner had been one of the most bigoted of the Liverpool allopaths and most active in passing the most delightfully thoroughpaced persecuting law there is to be found in the statute book of any society.

Here is Dr. Skinner's own account of the state to which illness had reduced him: For three years he had been incapacitated from

practice. For twenty-one months of it he had never experienced more than two hours' sleep in fourteen days, and more than once he had been as much as six weeks without knowing what it was to be one moment unconscious day or night. At the same time he was suffering from habitual constipation and terrible acidity of the stomach, for which he had taken unlimited bicarbonate of soda. His bodily and mental anguish was unutterable.

It was through correspondence about some matter apart from medicine that Dr. Skinner in 1873 became acquainted with Dr. Berridge; but the acquaintance led to a desire on Dr. Skinner's part to know something about homœopathy, as he had heard of some good cures when over in America. The upshot of it all was that Dr. Berridge prescribed *Sulphur* for our patient in the mm potency, prepared by Bœricke, of Philadelphia.

When Dr. Skinner felt the homœopathic remedy at work inside him it was a revela-

tion indeed. "I shall never forget the marvellous change which the first dose effected in a few weeks, especially the rolling away, as it were, of a dense and heavy cloud from my mind." He was cured of the constipation, the acid dyspepsia (which he had had all his life), sleeplessness, deficient assimilation, and general debility, and restored to a life of usefulness and vigour. Under the tuition of Dr. Berridge he now studied homœopathy in earnest, his text-books being *The Organon*, *Materia Medica Pura*, *Chronic Diseases*, and a repertory. He was advised to provide himself with two or three dozen remedies in the 30th potency, and give them whenever he felt sure he had found the simillimum, but not otherwise. Thus he began to practice secretly until he had made his ground sure. He then publicly announced his changed practice and resigned his membership of the Liverpool Medical Institute—to save himself from being automatically excluded by his own by-law!

After over twenty years of active practice as an allopath, Skinner found himself, in 1875, compelled to start work afresh. There was no thought of compromise in the matter—truth was truth, and must be obeyed. As his practice had consisted largely of patients referred to him by brother practitioners, this source of income was at once cut off. But he was not long in finding another *clientèle*. The homœopaths gladly received him and gave him their support, although he did not find himself in complete harmony with the majority even of them.

About this time Dr. John Drysdale was in the height of his fame and power. Drysdale, like Skinner, came of a prominent Edinburgh family, but Drysdale, fine homœopath as he was, had entered the homœopathic ranks under the inspiration of a physiologist, Fletcher of Edinburgh. Drysdale was, therefore, much more in sympathy with the homœopathy of Henderson than with that which Skinner had espoused. Drysdale was a much greater

homœopath than Henderson was, as his works testify. He was not by any means confined to the limits of Hendersonian homœopathy as depicted by Skinner. But, for all that, the *form* of homœopathy he represented was essentially of the Henderson type.

When Dr. Skinner had finally severed his connection with the old school, one of the first things he did was to explain his reasons and bid farewell to his former associates. This he did at one and the same time in the little volume from which I have quoted. *Homœopathy and Gynæcology* is Dr. Skinner's *Apologia*—frank and open, as was characteristic of the man, in acknowledging past error, clear and solid in the statement of facts which had compelled him to change his practice.

It may be well, before leaving this volume, to quote a passage giving Dr. Skinner's position on the very important question of *Dose and Potency*. This will also serve to show how broad-minded and essentially

liberal Dr. Skinner was, in spite of the intolerance and persecuting zeal of his unregenerate days.

The following passage is taken from pages 68 to 74 of the work :—

"THE QUESTION OF DOSE AND POTENCY.

"It will be observed, in the few cases cited in this brochure, one medicine only has been administered at a time, and that generally in a high potency. If any one be disposed to think that I am tied to high potencies, he is vastly mistaken. The system of HAHNEMANN, which has many and varied interpreters, admits of no such division as that of low- and high- potency men. It is a mere trick of the arch-enemy of mankind and of all truth to break up our ranks by destroying our unity. I believe in and use in my practice every potency, from the first upwards. The system of HAHNEMANN, as interpreted by myself—and I allow no man to interpret

it for me—is one great whole which admits of no dismemberment or disintegration without certain ruin. The keystone of the triumphal arch is the therapeutic law *similia similibus curantur*—the like cure the like; the piers and buttresses of the arch are, first, *one single medicine at a time, and, second, that only in an infinitesimal dose.* What constitutes an infinitesimal dose is a much-disputed point, and is, in my opinion, a question of minor importance, which every man must decide for himself according to the light that is in him, guided by experience. On the subject of the dose the late distinguished Prof. J. H. P. Frost, in the *Hahnemannian Monthly* for 1873, expresses well my own judgment in the matter. He says: 'If the *right* remedy be given in large or in smaller or even in infinitesimal dose, a cure will result in many cases. But the *wrong* remedy given in any or in every possible dose will cure in no case. Every actual cure is made by the potential homœopathic remedy. We must determine

the dose by the dynamic condition and susceptibility of the patient.' At the same time I must add that I have a great partiality, yea, a decided preference, for high potencies, because I know by daily experience the marvellous curative power which they possess. They can accomplish in one dose, and in a shorter space of time, what low potencies never will effect in any dose or however often repeated. In short, in a hard and difficult or tough case, either acute or chronic, *the potency cannot possibly be too high*, so far as my own experience is concerned, provided always that the *simillimum* is well made out.

"It may be said that high potencies are not what they are represented to be, because the method is not that of HAHNEMANN in detail. This cannot be said of Bœricke's, Jenichen's, Lehrmann's, Dunham's, Lippe's and my own F.C. attenuations, which are made by processes such as HAHNEMANN himself, if he could witness them, would highly approve, because all the essential points are most scrupulously observed and

greatly improved upon, whilst time is enormously economised, and error is next to an impossibility, so perfect are the methods used. I am of opinion that all high potencies in my possession are attenuated or potentised *secundem artem*, and they are thoroughly reliable as such, if I am to be allowed to judge by their effects on my patients and upon myself.

"To return to the low potencies, let me just observe that if one finds that he succeeds better with low than with high potencies, why find fault with him? It is better for all of us to try to creep before we walk; to begin to climb from the bottom of the ladder instead of taking flying leaps. Some may say, Why give advice which you do not take yourself? Simply because I was previously educated for the rapid advance I have made; all are not so prepared. It would appear that our Lord's remark, 'I have yet many things to say unto you, *but ye cannot bear them now*,' is as true of medical as it is of religious truth. There are only two great

faults which I have to find at the present day, and the first is, giving two or more medicines in alternation; the second is, resorting to counter-irritation, to aperients (especially *Podophyllum* in the mother-tincture), opiates, even to subcutaneous injections with *Morphia*, and other allopathic practices, which cannot be too strongly denounced as Anti-Hahnemannian in the extreme.

"Regarding low potencies, there is no doubt that cures have been effected in thousands of cases by all manner of potencies and doses, from an allopathic dose of a substance to the millionth potency and far beyond. Allopathic *cures*, not palliations or mere recoveries, are invariably effected by the same law of similars, only allopaths are not always aware of it, and no one can say that they deal in infinitesimal doses. To remove all doubt on this point, I have only to refer to the *Organon* of HAHNEMANN, where it will be seen that the entire facts, constituting an 'Introduction' of ninety

pages, on which Hahnemann founded the first principles of his system, were culled from allopathic sources and allopathic doses. Indeed, it could not be otherwise, because there was no Homœopathic Materia Medica then in existence. The same may be said of HAHNEMANN'S remarkable work on *Chronic Diseases;* the facts, the cures effected by single medicines are all from the crude form of drugs, and in allopathic doses.

"I do not for one moment mean it to be understood that HAHNEMANN intended the same loose system to be carried out *in extenso vel in perpetuo.* On the contrary, he has placed it on record that every year of his long life he proceeded from higher to higher potencies. He used these allopathic facts simply to convince the medical faculty of his and our day that the truths of his system were to be gathered from facts which were daily transpiring around them; and I have alluded to them here, not to prove that the low-potency men are right or the high wrong, but to prove that the lowest potencies and

even crude drugs and infusions of plants can and have cured disease on the principle that like cures like, irrespective of the dose. The conclusion is therefore forced upon us that, whatever may be said in favour of the doctrine of the infinitesimality of the dose—and I am a staunch believer in the extreme of dynamisation, even to infinity—yet it is not a *sine quâ non* in effecting a cure by the law of correspondence.

"Whilst I would give the greatest latitude to others, I claim for myself a similar privilege in return. The allopathist doubts the results of the low dilutionist, and the low dilutionist in turn doubts the high, both of them forgetting that the question is one of simple experiment, admitting of no other test or explanation except experiment in the cure of diseased action; and until a man has tried all three, patiently and without prejudice, allopathic crude drugs, low potencies, and high potencies, he is in no way entitled to be a judge in the matter. It strikes me that the chief cause of all our differences on the

question of the potency or attenuation of the remedy is THE DIFFERENCE IN OUR MODE OF SELECTING AND REPEATING THE MEDICINE.

"One other and not the least important of my reasons for seceding from allopathy, is one of deeply-felt gratitude for what homœopathy has done for me when allopathy had signally failed. All honour to those distinguished and most worthy physicians who did their very best for me."

—Although Dr. Skinner held such very strong opinions on many subjects, he was always able to distinguish *persons* from *principles* and *systems*. This is not the case with every one: it is with the greatest difficulty that the adherents of one political party, or one Church, are able to conceive that members of the other party, or the other Church, are possibly as honest as themselves. The same difficulty arises in the medical world. Allopaths can hardly conceive that homœopaths are really honest practitioners, and homœopaths have the same difficulty in believing that allopaths are not wilfully

ignorant and blind. With Dr. Skinner it was otherwise. Perhaps it was the fact that he had been an equally strong adherent of *both* sides at different times that made him aware of the ridiculousness of blind party spirit. At any rate, he never lost his sense of admiration for and gratitude to those members of the opposite party of whose kindness he had been the recipient. The fact that allopathy failed to cure him when homœopathy succeeded made him vividly conscious of the imperfections of the former and the power of the latter; but it did not make him in the smallest degree less grateful for the kind efforts of his former colleagues, who had done for him all they could. He was just as much bound to them in that respect as he would have been if their efforts had been successful.

I will conclude my quotations from the *Apologia* with a few passages from his "Concluding Remarks" and his "Farewell" to his old *confrères*:—

"Homœopathy being but in its infancy, it

wants men of independent courage, who can stand upon their own feet, regardless of outside organisation, and fearless of the tyranny of numbers. With such men to nurse her, she is independent of allopathy and all its conservative rights and privileges; its Government grants; its poor law, army and navy, and other appointments, even its hospitals and dispensaries; I would I could add its colleges and universities. Homœopathy being but a young shoot of the noble and eternal tree of life and truth, it has to be made strong by opposition—by contests with stormy and warlike elements. Like all new truths, it has to be baptized in a baptism of fire and of blood; it has to meet with persecution and treachery even from its vaunted friends, and when it has withstood all this and much more, then the ignorant and the prejudiced will adopt it as their own child—one of their own bringing up. All will then espouse the new truth, and that which was but a tender shoot will become a stalwart stem: 'The stone which the builders refused

is become the headstone of the corner.' That such will be the future of HAHNEMANN's unprecedented discoveries I have no doubt.

"I have said that I have renounced the therapeutics of the Old School entirely, but I have retained all that is good in other respects. No man can ever cease to be grateful to the giants of thought, the wise and the good, the advanced guard of all schools and all ages, for what they have done, and in particular in the causes of surgery, obstetrics and pathology, anatomy and physiology. The names of Rokitansky, Virchow, and Müller, of Germany; of Trousseau and Cruveilhier, of Velpeau and Nelaton, of France; of Harvey and Jenner, and Todd and Bowman, of England; of Syme, Simpson, Fergusson, and Christison, of Scotland; of Graves, Neligan, and Stokes, of Ireland; and of Mott, Gross, and Draper, of the United States of America, are names which will ever live, like their works, in our best remembrance."

"FAREWELL TO MY ALLOPATHIC BRETHREN.

"I have yet a very painful duty to perform, and that is to bid adieu to my allopathic brethren, amongst whom, I am happy to say, I have many a dear friend, and it is sincerely to be hoped no enemy. I have no alternative. By the laws of our Medical Institutions we are outlawed and no longer to be trusted; and by the trades unionism of the profession, they will not meet us in consultation; nor is it advisable we should meet under any circumstances, because as regards the treatment or therapeutics of disease we have no common ground to stand upon. By the profession, and by the Press, its mouthpiece, we are considered 'incapable of weighing medical evidence in a scientific way' (*British Medical Journal*, April 10, 1875). The Editor of this journal further remarks, 'Homœopathy, like spiritualism, is not truly a doctrine, in any scientific sense, but an abnegation of reason.' It may be some consolation to Mr. Hart to know that

he and I are not the only men who have at one time entertained and given the strongest expression to the same opinions.

"This being the unhappy mood of the profession towards a part of itself, possessing equal ability, honesty of purpose, research and clinical experience, I repeat, I have no alternative but to bid them farewell; and in doing so, I beg to express myself deeply grateful to more than one member of the allopathic body for their untiring kindness and skill exercised towards me during long and sustained illnesses of a most trying nature to all concerned. I trust they will accept this small tribute of my gratitude, respect, and esteem. My only regret is, that, having found, after thirty-five years of hard search, a true and reliable, a transcendentally beautiful and thoroughly practical science of therapeutics, that I cannot convert them, and thereby enable them to participate in so great a discovery. If any of them will give me a fair hearing, I shall be only too happy to initiate them into a knowledge of what I now

believe to be the only true science of therapeutics — the discovery of our immortal HAHNEMANN."

It was during the Liverpool period—about the end of 1876—that my first acquaintance with Dr. Skinner was made—and that was only at a distance. I was present at a meeting of the Liverpool Homœopathic Society when Dr. Skinner read a paper. He had been challenged by some of the Hendersonian homœopaths to bring forward a case cured with high potencies after low potencies had failed.[1] His paper was the reply to this challenge. He narrated the case of a youth suffering from caries of the spine with the

[1] The case is recorded at length in vol. i. of *The Organon*, p. 63 *et seq.* [Out of respect to Hahnemann's great work, Dr. Skinner named his journal—not very felicitously, as it seems to me—*The Organon*. There is not much possibility of mistaking which work is alluded to, but in referring to Dr. Skinner's journal I have retained the article, and write it *The Organon*. The title of Hahnemann's work is *Organon of Medicine*. It has no definite article, and I refer to it as *Organon*. —J. H. C.]

usual abscesses and an unusual degree of suffering which all kinds of treatment had previously failed to relieve. Guided by the symptoms alone, and particularly the very marked aggravation of suffering from sunset to sunrise, Skinner gave *Syphilinum* in high potency, which relieved the pain at once, and soon completely cured the youth of all active manifestation of disease; and though, of course, it did not restore the shape of the spine, it restored the patient to active life.

The recital was received, if my memory is correct, with a good deal of scepticism, but it made an impression on my mind which remained. That is now thirty years ago, and this is one of the two evenings which are clear in my memory now. The other was the evening of Burnett's paper on *Oxalic acid.* Skinner's paper gave me the first introduction to the great question of nosodes, though it was some years later before I was able to make practical test of these remedies.

At this period Skinner was about 50 years old. His hair was then quite white, as I

remember; he was fair, fresh complexioned, rather above the middle height, well set up, well and solidly built, alert and active. And so he remained, with very little apparent change, right to the end of his life. Time made little alteration in him, except that of late years he had become increasingly deaf.

My own residence in Liverpool lasted less than a year; I left to take an appointment at the London Homœopathic Hospital, and my personal acquaintance with Dr. Skinner did not commence till some few years later. But Dr. Skinner had several years of very active life in Liverpool still before him. His inventive genius led him to devise an apparatus for making the Hahnemannian centesimal attenuations by a continuous process, the diluting medium being ordinary tap-water.[1] The essential part of this apparatus is a glass receiver, or cup, which can be removed and thoroughly cleansed and de-medicated by heat. Into this receiver is

[1] Fully described, with illustration, in *The Organon* (vol. i. p. 45).

put one drop of the substance to be attenuated. When the apparatus is started a fine jet of water is thrown into the receiver with great force, and when the cup contains 100 drops it overbalances and empties itself except for the drop adhering to its sides. When the cup rights itself the jet is again thrown in, and one potency higher is made. The machine is so arranged that it registers every potency it makes, and can be set to stop at any required number. Several of these machines have been made, and are still in use.

The point about this apparatus is that it is by *discontinuous* fluxion that the potencies are made. The potencies of Swan and Fincke were made by *continuous* fluxion. Dr. Skinner found that these, though in different degrees, were very much less attenuated than 1 in 100 at each remove.

This has given rise to a misconception on the part of the *Monthly Homœopathic Review*, which states that Dr. Skinner found that *his own potencies* were less attenuated than he had supposed them to be. I will quote

from Dr. Skinner's article in his periodical, *The Organon* (vol. iii. p. 183), which will show how matters stand:

"THE DYNAMISATION OF MEDICINES

"'IT IS THE GENUINE HAHNEMANNIAN SPIRIT, TOTALLY TO DISREGARD ALL THEORIES, EVEN THOSE OF OUR OWN FABRICATION, WHEN THEY ARE IN OPPOSITION TO THE RESULTS OF PURE EXPERIENCE. *All theories and hypotheses have no positive weight whatever, only so far as they lead to new experiments, and afford a better survey of the results of those already made.*'—C. HERING.

"DR. SWAN'S HIGH POTENCIES.

"Some time after my last paper on this subject had gone to press I found myself engaged in a considerable epistolary correspondence with Dr. Dyce Brown, one of the editors of the *Monthly Homœopathic Review*. The subject which then engaged our respective pens was the *centesimality or non-centesimality of the potencies of our co-editor, Dr. Samuel Swan, of New York.* As I have no other object to serve but the simple investigation of truth, and as my desire is that the profession may be able to judge as to who is who, and what is what, in reference

to this difficult subject, I determined at once to put the matter into professional hands—hands which have been trained to deal with figures. The gentleman I engaged to make the investigation is a far-advanced student in mathematics, algebra, and the higher branches of arithmetic; he has already taken honours at the University of Cambridge (King's College), and is going in for the Wranglership. I have pledged him that should his views or figures be questioned, no one shall be allowed to enter the lists against him who is not in every way his equal, as regards education and professional acquirements.

"Before I give you my actuary's statement, permit me to remind you of my object in commencing the investigation of the subject of dynamisation, with reference to the so-called high potencies. In my first paper (vol. i. p. 53) I informed my readers that 'the primary object of my CENTESIMAL FLUXION POTENTISER was to place all our potencies on the same scale of ATTENUATION and NOTATION—*without cavil or doubt*—the

high on the same scale as the low, namely, the CENTESIMAL or HAHNEMANNIAN scale.' In other words, the dynamisation is to proceed on the ground of attenuating ninety-nine drops upon one drop of the previous potency, which is the method of Hahnemann.

"In order to ascertain this, of a given method, it will never do to say that because such potencies act, therefore they are centesimal; as little can their centesimality be found by the aid of microscopes and spectroscopes with cells of so many inches, feet, yards, or miles long. There is but one way of settling the difficulty—reduce it to figures, which cannot err. This is Hahnemann's method.

"If every physician were to adopt an '*arbitrary*' method of his own, and, at the same time, attach to it the symbols of the Master, making it appear that the notation and attenuation were the same as his, we should soon be in a pretty mess, as we shall see when we reduce Dr. Swan's 'arbitrary' method to figures. If there is one thing more necessary than another in dynamisation,

it is that we should found the system on a solid and substantial basis; that basis, then, must be a physical one, and the method of measurement must be numerical, however spiritual the results may be. Unless all methods of dynamisation can stand this test, they must necessarily go to the wall, and the sooner the better."

It is not necessary to go into the figures here; it is sufficient to say that the potencies of Swan and Fincke are shown to be on a much lower scale than the Hahnemannian. Skinner never doubted the correctness of his own notations of potencies: indeed, his instrument was constructed purposely to make a Fluxional *Centesimal* scale of potencies, and if Dr. Skinner had found out that it did not do this, he would promptly have sent word to every one who had used his preparations to correct the mistake and discard the use of the letters "F.C." (Fluxional Centesimal) which are the mark of the attenuations made by his potentiser.

CHAPTER IV

DR. SKINNER'S APPREHENSION OF THE POWER OF THE INVISIBLE

No account of the life and work of Dr. Skinner would be complete without a reference to his attitude towards the invisible side of nature. He was one of those whose inward eye had been opened to discern

"The light that never was on sea or land."

Like the fearless explorer that he was, he considered it his duty to investigate the phenomena of "Spiritualism," at a time when no little odium attached to those who did so. This was at about the same period that Sir William Crookes made his well-

known, epoch-making observations; and, like Sir W. Crookes, Alfred Russel Wallace, Sir Oliver Lodge, and every other investigator who has entered on the research with a mind at once competent and unbiassed, Dr. Skinner came out of the inquiry with the absolute conviction that the terms and theories of ordinary physical science are utterly inadequate to express or account for all that *exists*. To him the powers of the unseen side of nature were just as real as those which can be measured and estimated by the material sciences. It was the liberation of his mind from the obscuring effect of the visible that made him ready to apprehend the invisible powers of the highest infinitesimals of homœopathy. He discovered that the light of common day can blind as well as reveal; that the light of one plane can obscure the light of another. He could say in the words of Blanco White—

"Who could have thought such darkness lay concealed
Within thy beams, O sun!"

As a result of this illumination—or concomitant with it—Dr. Skinner had a clear appreciation of the inviolability of the individual. He perceived that the responsibility for actions must rest ultimately with the individual who acts: that no person has the right to dominate any other person; and that no one can blame any other for his own errors or misfortunes.

Dr. Skinner had his heroes and masters, and chief among them Samuel Hahnemann; but he refused to be bound by the dictates of any master, however pre-eminent—even of Hahnemann himself. This position which he claimed for himself, he claimed also for others; and in this respect he differed from many so-called independent characters who imperatively demand unlimited freedom for themselves, and as strongly refuse to grant the smallest modicum of freedom, either of opinion or of action, to any one else.

It was necessary for me to point out this phase of Dr. Skinner's personal evolution, as it has an important bearing on the latter half of

his professional life. So far as I know he never renewed his investigations into Spiritualistic phenomena after he had once completely satisfied himself as to their genuineness. His experiences, however, sufficed to make him realise, like Hahenmann himself, that it is not so much the material body that we are dealing with as the invisible organism behind the body which vitalises and directs the machine—the "vital force" of Hahnemann, the "Archæus" of the ancients, the "astral body" of the Theosophists, the "Psyche" of the Greeks, the "soul" of the theologians —the intermediate link between the formless ego and the material body as we perceive it.

CHAPTER V

DR. SKINNER IN AMERICA.—THE ESTABLISHMENT OF AN ANGLO-AMERICAN JOURNAL OF HOMŒOPATHY

THE year 1876 was an epoch in the history of homœopathy. In the summer of that year there assembled in Philadelphia the first of the quinquennial international Congresses which have continued to meet in Europe or in America with more or less regularity ever since. It was during the time of session of the last of the series, held at Atlantic City in 1906, that Dr. Skinner passed away, to be followed in a few days by his friend Bernard Fincke.

The Congress of 1876 was presided over

by Dr. Carrol Dunham, and during his visit Dr. Skinner met for the first time, besides the president, those giants of homœopathy—Constantine Hering, Adolph Lippe, Bernard Fincke, H. C. Allen, T. F. Allen, Samuel Swan, and many another who entered into the world of his mind and activity, never to leave it.

Of the band of heroes Dr. Skinner met in 1876 H. C. Allen alone remains. He writes to me under date October 27, 1906: "I regret sincerely to hear of Dr. Skinner's death. I met him at Philadelphia in 1876, at the first Congress, and I have corresponded with him ever since. You have lost one of your ablest men, and probably the best prescriber in Britain."

It was during this visit that the foundation plans were laid for bringing out the international journal called *The Organon*, which may be regarded as Skinner's *magnum opus*—his chief contribution to the medical science of his time.

"THE ORGANON."

Whilst in America he secured the co-operation of Dr. Adolph Lippe, of Philadelphia, and Dr. Samuel Swan, of New York, to start a "Quarterly Anglo-American Journal of Homœopathic Medicine and Progressive Collateral Science." Dr. Berridge was the other British member of the staff. This journal was named by its editors *The Organon*, after Hahnemann's great work, and the first number saw the light in January, 1878. It was published by Adam Holden, 48, Church Street, Liverpool, and by Constantine Lippe in New York. The first article in the first number declares the reasons for launching this journal, and from this it is apparent that the standard-bearer of physiological and pathological homeopathy is now no longer Henderson—it is Hughes. It was in order to keep homœopathy on its upward grade that Dr. Skinner and his colleagues floated the new venture. The article in

question points out that the injunctions of Hahnemann's *Organon of Medicine* have been departed from by modern exponents of homœopathy, who have sought to find the points of similarity in crude pathological changes rather than in the symptomatology of the case. In exemplification of this is quoted a passage from an article by the late Dr. Hughes, the leading exponent of the pathological school, which appeared in the *United States Medical Investigator* of November, 1876. Dr. Hughes wrote :—

"I quite admit that there is many a *terra incognita* as yet in disease, and many a case which as yet we can treat only symptomatically. I am most thankful that the law of similars enables us to fit drug to disease, even when we are unable to say what the phenomena of either mean. But not the less do I reckon the other mode" (the pathological) "of applying the law as the more satisfying, and, in most hands, successful ; and believe that a scientific pharmaco-dynamics, linked to a scientific pathology by the band of the

homœopathic method, will constitute the therapeutics of the future."

A further quotation from the same author —an Essay "On the Various Forms of Paralysis and their Treatment" (*Monthly Homœopathic Review*, 1869, p. 295)—further exemplifies the position taken by the pathological school, the incorrectness of which *The Organon* was established to make clear. Dr. Hughes endeavoured to base his selection on the analogy subsisting between the organic changes involved in paralysis, on the one hand, and the morbid appearances found (*post-mortem*) in cases of poisoning on the other. "This," he writes, "is undoubtedly the correct line to take. But at the same time we must remember that is as yet far from possible of adoption in all cases."

This, it will be seen, was essentially a restatement of the Hendersonian position. Dr. Skinner and his colleagues regarded this as a most serious departure from the teachings of Hahnemann in his *Organon of Medicine*, and on Dr. Skinner's initiative this journal

was founded to exemplify Hahnemann's uncontaminated doctrine and practice. The editors very cogently contended that the chief differentia of remedy selection were not to be found in pathological changes but in the particular symptoms, with modalities and concomitants, to be found in individual cases. Pathology, for instance, gives no indications of peculiar pains and sensations, of the direction of pains, of the times of day at which symptoms occur or are worse—all these being of the very greatest importance in the choice of a remedy.

Here was the justification for the new journal, and it cannot be denied that the need of it was urgent, or that there is not much of the same work to be done at the present day. The new venture had a difficult task before it; and it attacked the work in vigorous style. The three volumes of *The Organon* contain a good deal of polemical matter; but they also contain a very valuable collection of precious clinical material. Altogether they constitute a

highly-prized possession for those whose libraries they adorn. But sword-and-trowel work of this kind costs money; the constituency of the journal was not large enough to make it a paying concern, and as Dr. Skinner was the treasurer he felt it time to close the account when he found himself some £600 out of pocket by it, not to mention the chief part of the editorial work which fell on his shoulders.

But if the work was too costly to continue, I never heard Dr. Skinner utter a regret that he had taken it in hand, and the three volumes constitute the most enduring monument he has left behind. First and foremost they contain much of the most valuable of his own clinical experiences. Next there is the record of his own inventions and all that had been done by others in the dynamisation of medicines. Further he has brought together a mass of clinical experience exemplifying exact homœopathic prescribing from both sides of the Atlantic. And finally he led the way for other journals to

follow, notably the *Homœopathic Physician* and the *Medical Advance*, which last is still pursuing its beneficent work under the auspices of its first editor, Dr. H. C. Allen, of Chicago.

CHAPTER VI

LONDON.—EXAMPLES OF HIS PRACTICE.—LAST DAYS

In the year after the completion of the last volume of *The Organon*—the year 1881—Dr. Skinner removed to London, where for a quarter of a century he carried on a large consulting practice, first at 25, Somerset Street, Portman Square, afterwards at 6, York Place, Baker Street, and last of all, for a few brief months, at 115, Inverness Terrace, W., where he passed away.

It becomes a matter of a little importance to indicate some of my own movements about this time. In the autumn of 1880 I took up my residence in London for good, having practised in Ipswich for over two years after

my residence at the London Homœopathic Hospital. In 1883 I joined Drs. Dudgeon and Hughes on the staff of the *British Journal of Homœopathy*. In 1885 I took over the *Homœopathic World* from Burnett, and brought out the first edition of my *Prescriber*. During this time I was feeling the limits of Hendersonian or Hughesian homœopathy somewhat acutely, and at the same time I observed that the clinical experiences which to me were most valuable were to be found in journals devoted to the Hahnemannian side of homœopathy.

I was hearing now and again of patients of old homœopathic families who had had some trouble or other which no one had been able to relieve until they had been to Dr. Skinner. Somewhere in the later eighties Dr. Skinner's little book on *Homœopathy and Gynæcology* came in my way, and I was very much impressed by it. On the principle that it is never wise to waste time or trouble in *doubting* or *believing* anything, when it is possible to *know*, I procured a set of remedies in

potencies from the 500th to the 1,000th, from a source which I had and still have every reason to believe trustworthy, Messrs. Bœricke and Tafel, of Philadelphia, and put them to the test. The result of my trials was that I was just as certain of the therapeutic power of the thousandth dilution as I was of the first. On this basis I was prepared to approach Dr. Skinner, and was received by him with a generosity and great-heartedness worthy of his master—Simpson. I have gone into all the above personal details because it was through Dr. Skinner that I first found my way out into the larger and higher homœopathy, and it is to the knowledge I acquired from him that I owe, in very great measure, the possibility of producing my *Dictionary of Materia Medica*. In my preface to that work I have indicated my indebtedness to him, and one of the most precious words of congratulation on its completion came to me from himself. That I had succeeded in satisfying Dr. Skinner was to me praise indeed.

Now, wherein did Skinner's peculiar attractiveness lie? I think I can indicate it.

It must be admitted that the method of writing out the whole symptom-list of any case, collecting the corresponding symptoms from all the repertories, and then casting up the total to find which remedy corresponds to the largest number of the symptoms, is not a very easy one. It is a right method, and sometimes the only successful one; but for the practitioner of average talents in the midst of a busy practice it is hardly a possible one. Herein lies the justification for the Hendersonian (or Hughesian) homœopathy—it meets the requirements of those who have not the necessary gifts to practise the higher grades of homœopathy. If it were put forward on that ground, and not as being a scientific improvement on Hahnemann's method, there would be little to be said against it.

But is there no alternative? I think Dr. Skinner provided a practical answer. He was always ready to adopt the working out

of the totality when he could not otherwise reach the simillimum ; but in his reports of cases he did not present the reader with all the scaffolding of his case, but gave instead the crucial symptoms on which his prescription was based, and he had a genius for singling out the most important symptoms from the prescribing point of view. He appreciated to the full the value of key-notes as pointers, but he never relied on them apart from other symptoms.

As an example of how he went straight to his remedy, I may mention the case of a gentleman, now a member of the Cabinet, who came to him some years ago suffering from sciatica, which had crippled him for some time. The affection was on the left side, and the patient told Dr. Skinner, in response to inquiries as to how it came on, that it seized him suddenly *as he was stepping out of a bath.* Dr. Skinner at once saw the remedy. He translated the last item into "aggravation by wetting," which is a grand indication for *Rhus.* This, combined with

the left-sidedness of the affection, determined the selection of the remedy. *Rhus* 10m F.C. was given, and the patient was soon well.

Another somewhat similar case was that of a lady patient whom I sent to him. In this case there was a great abundance of symptoms and a great dearth of anything fixed or characteristic. It was also a left-side sciatica, and Dr. Skinner elicited that, whereas *getting out of bed aggravated the pain*, there was subsequently *relief after moving about for some time*—that is to say, there was aggravation by commencing motion, and relief by continued motion—a keynote of *Rhus*. *Rhus* 10m F.C. cured this case also. A year later the trouble returned through some indiscretion, and this characteristic was absent. *Rhus* in any potency failed to touch the case then.

On one occasion, in the case of a young lady patient, who was anæmic and in many ways debilitated, and whom he had failed to relieve, he made the discovery that she was inordinately fond of taking baths.

This Skinner at once construed into repertory language—"worse from working with water, or bathing," which is a keynote of *Calcarea*. *Calcarea*, which corresponded otherwise, was given in a high F.C. potency and rapidly cured the patient.

I will now give a few of Dr. Skinner's published cases. The first is from the *Homœopathic World* of 1897, p. 296 :—

"INCIPIENT PARALYSIS—LYCOPODIUM AND SULPHUR.

"I was consulted in 1877 by a well-to-do merchant in Liverpool (when I resided there) on account of what the homœopathic physician termed incipient paralysis.

"STATUS PRŒSENS.—The right side of his chest felt as if it were filled with ice, so cold it seemed to him, and his left leg and foot felt numb and colder than his right limb (right upper, left lower).

"DIAGNOSIS OF THE REMEDY.—There could be no difficulty in deciding on the

remedy, as he was particularly fond of money-making besides the other symptoms. *Lycopodium*, cm (F.C.) was given in one dose at bedtime and the usual placebo morning and night thereafter. To call in a fortnight, which he did, and he informed me that the right chest and the left lower extremity were almost normal. He now complained to me of what he should have stated at the first, *that his feet felt as if loaded with lead*, and that he had a work to lift them when walking, giving him a very awkward gait. I knew that *Lycopodium* had the symptom, but that *Sulphur* had it much better marked (see Allen's valuable *Encyclopædia*), and as *Lippe informed me that* 'Sulphur *acted best at time of New Moon*,' I gave my patient one powder of *Sulphur* cm (F.C.) with the following categorical direction: 'Is it convenient for you to leave Liverpool at present?' To which he replied, 'I should think so. There is nothing doing, and every second man I meet is desirous of borrowing one or two hundred pounds from

me. I will leave Liverpool to-morrow if you think it advisable.' 'Have you any objection to go to Brighton?' 'That is my favourite resort when I want a change!' 'Then go at once, and take this powder with you. On the night of the 11*th of June*, 1877, *at bedtime, put this powder on your tongue*, and take no medicine of any kind in the interval.' (The 11th of June, 1877, was the time of New Moon.) I told him nothing of my reason for selecting that date, but begged of him to inform me how he felt the following day as regards *the heaviness of his feet.*

"On the 13th of June, 1877, I received a letter informing me as follows: 'On rising from bed I crossed my bedroom to my toilet table with as light a step as I ever did in my life. I cannot understand it; it surely could not have been the result of *the sugar* I put on my tongue at bedtime.'

"In conclusion, the gentleman came to me to see if he could find any difference in the practice of a '*high dilutionist*,' hearing that I

had learnt the practice in the United States of America when I visited that country in 1876—a very great mistake, as I learnt it from the first in Britain."

The next case is from the *Homœopathic World* of 1890, p. 438 :—

"SARCOMATOUS TUMOUR, ETC.—THE RESULT OF VACCINATION—CURED.

"In these days, when inoculation and vaccination are on their trial as never before, it is well to furnish the public, the profession, and the members of the Royal Commission with facts or cases, so that 'he who runs may read' the folly and cruelty of vaccination, to say nothing of the professional ignorance and tyranny of *compulsory* vaccination. The following case is so thoroughly to the point, that I give the facts without the slightest colouring or exaggeration :—

"On November 6, 1889, I was consulted by the parents of a male child six months of age suffering from the bad effects of vaccina-

tion; at least, so said the parents, and they informed me that it was the opinion of the vaccinator and his consultant that the child's suffering was the outcome of the vaccination, although they had never before seen such serious consequences.

"On stripping the child and examining its back, there is a tumour which a leading surgeon in London denominated *Sarcoma;* and, I believe, rightly so, as the tumour to the feeling was of the consistence of flesh. This tumour was no doubt of constitutional origin, as it was congenital; but when observed at birth it was about the size of a shilling, slightly livid, and a little to the left of the spine in the lumbar region. Soon after vaccination it took on rapid development, and in less than four months it attained the dimensions of four inches by six in diameter, and about two or two and a half inches deep. The skin over the entire tumour is of a deep livid hue, closely resembling aneurism by anastomosis. I was told that at one time the entire back was

ecchymosed as far round as the left groin; and when this was the case the growth became painful to touch, but it is much less so now.

"The vaccinator, or family doctor, and the physicians and surgeons consulted, were unanimous that nothing could be done beyond attending to the general health of the patient, so far as the sarcomatous tumour of four months' growth was concerned; and, as old-school practitioners, it was the best that they could do, because any kind of operation by the knife, seton, or cautery would have been fatal to the child, or the result might have been worse than the disease. Electrolysis was not attempted or suggested; but I question if it could be of any use where a growth is the result of septic poisoning of the system. Besides, the tumour was not the only form of constitutional or septic disturbance—the child suffered a perfect martyrdom from what the mother termed 'a succession of fiery eruptions,' worse at night, preventing sleep, but bad all

day; sometimes in the form of *Eczema aurium*, but more generally all over the body, and very much resembling the small-pox vesicle without the depression in the centre. Add to the picture, loose stools—green, watery, and foul—extreme weakness and irritability, demanding brandy and at times small doses of morphia by the old-school attendants, and we have an amount of social and individual misery which well might be spared, to say nothing of *the expense* to the parents, clearly attributable to vaccination, and especially to the tyranny of compulsory vaccination. If the profession bore the expense, they would be less to blame; but catch them going that length!

"As my object in publishing this case is not to boast of having effected a cure of this case of sarcoma and eczema, which forced the cry of '*Non possumus*' from our old friends the allopaths—as that is never difficult at any time—there seems little need of my entering fully into the treatment which proved suc-

cessful in removing this formidable-looking tumour of rapid growth, as well as the eczema and septic poisoning, in the short space of time of ten months (November 6, 1889, to August 11, 1890). I will, therefore, summarise the—

"*Treatment.*—The medicines have been *Lycopodium* cm (F.C.), *Graphites* 30m (F.C.), *Mercurius vivus* 50m (F.C.). The *Merc. v.* was given because of threatened inflammation of the left parotid, and because the mother had lost three children before, and soon after birth. An abscess formed in the left parotid, and opened on December 11, 1889, with great general relief. At the same time, as the child's urine was highly ammoniacal, he got *Nitric acid* 1m (F.C.) night and morning.

"December 20th.—Copious sweat of head when asleep; and as the abscess was not yet closed, he got *Silicea* 50m (F.C.), one dose.

"On April 30, 1890, I for the first time suspected that vaccination might be at the

bottom of the septic poisoning. I knew all along that 'the fiery eruptions' dated from the time of vaccination; but if I was informed it escaped me that the increased rapid growth of the tumour dated from the time of vaccination. I wrote to make inquiry, and I was informed for the first time that it was so. Therefore, on April 30, 1890, I gave the child one dose of *Thuja* 20m (F.C.) and one dose of *Melitagrinum* cm (F.C.), to be given on the advent of one of 'the fiery eruptions,' because it cuts them short, eases the child's sufferings, and delays their re-appearance. On July 14th he got one dose of *Thuja* cm (F.C.), and the last on August 11, 1890.

"The *Thuja* caused a rapid subsidence of the tumour and the accompanying discolouration, so the nurse told me; and when I last saw the little patient—about the middle of July of this year—beyond a slight puckering of the skin over a small portion of the site of the sarcoma, there was no other trace of the tumour or of the discolouration, and I was

informed that 'the fiery eruptions' were now like angels' visits, few and far between.

"*Nota bene.*—Let it be observed that this case was conducted to a successful termination by internal constitutional treatment alone; there was no alternation of medicines, and no local treatment of any kind, or special dieting.

"Lastly, let me refer to an interesting case of 'Multiple Sarcoma,' brought before the British Homœopathic Society on March 4, 1886, and published in *The Monthly Homœopathic Review* (vol. xxx. p. 193). The case occurred in the practice of Dr. Henry Shackleton, of Sydenham, S.E. In this case, although it might be difficult to prove it to some people, I have no doubt that the *fons et origo mali* was vaccination in a psoric constitution; and I quite agree with Dr. Cooper that *Hydrastis* had nothing to do in effecting the cure, which was due solely to the *Sulphur* administered.

"Dr. Conrad Wesselhœft had a case of a similar kind cured with *Sulphur*. It was of several months' standing in a child a year

old. The tumours were about eighty in number, and they varied in size from that of a large bean to a filbert, and they were found in all stages of development at the same time. After the *Sulphur*, no new tumours formed, and the old shrivelled up without discharging.—*Vide Hoyne's Clinical Therapeutics* (vol. i. p. 169).

"It is not said that septic poisoning from vaccination was the cause in this case, but it is not at all unlikely, considering the age of the patient."

The last case I cull from *The Organon*, vol. i. p. 229. It shows among other things Dr. Skinner's catholicity in the matter of the attenuations :—

"PIPER METHYSTICUM : TWO CASES OF NEURALGIC TOOTHACHE CURED.

"1. *Toothache ana Earache.*—As *Piper methysticum* is comparatively a new remedy ; as it is an exceedingly interesting vegetable

production; as I have recently received a fine specimen of the mother-tincture from Dr. Murray Moore, of Taunton, Somerset, late of California;[1] and, as an evidence that Hahnemannians are in no way tied to high potencies, I give the following interesting case:—

"A young girl of a highly excitable and nervous temperament, a perfect little sprite, had fairly worn out her mother and other members of the family by attendance upon her day and night, suffering, more or less, off and on, from severe toothache and earache, with sleeplessness and intense restlessness. The pain was described to me as at times dragging, sometimes tearing, generally worse at night in bed, and after or when eating; but her mother, in her letter to me, adds, 'But what is so vexing is, she forgets all about the pains if amused with anything, but directly she is tired of it she exclaims, "Oh, my tooth or ear!" It surely is temper medicine she needs.'

[1] Now of Leamington.—J. H. C.

"A better opportunity of proving the correctness of Dr. Griswold's keynote, or mental characteristic of *Piper methysticum*, I could not have. Dr. Griswold's observation made upon himself during the proving of the drug was, 'Pains, especially of the head, are relieved temporarily by turning the mind to another topic'—in other words, to something equally or more exciting. Dr. Griswold says he has 'tested this characteristic in a number of instances, and now, if I can find it in the patient, I prescribe the drug with confidence' (*Hahnemannian Monthly* for June, 1877, p. 553). My young patient had still another characteristic of *Piper methysticum*—'Agonising pain, with tossing, twisting, and writhing; the patient is irresistibly driven to change position' (Dr. Griswold, in *The California Medical Times*, vol. i. p. 48).

"On the head of these two most excellent characteristics, I sent ten minims of the mother-tincture to be put into a teacupful of water, and a teaspoonful to be administered

every half-hour or hour until easier or well. It is well here to add some more from the mother's letter to me. 'She has only slept two and a half hours all night, and for a fortnight has lost a good deal of rest; she is weak, but naughty. I feared last night she would have cried herself into a fever, so excited was she because I would not take her to our room in the night. I was obliged to do so, her pain was so intense. Oh! the worry of children, as well as the pleasure of them! She has had *Chamomilla*, *Belladonna*, and *Mercurius*, but all have entirely failed. I may mention that she has taken a great dislike to her nurse without sufficient cause.'

"I cannot express the effect of the *Piper methysticum* in this case better than by quoting from the mother's letter of next day. (They reside five or six miles from Liverpool.) 'I am thankful to say that the "Sprite" is better this morning, after a very quiet night. Her face is swollen, and it hurts her to open her mouth or to swallow, which is unfortunate, as she is hungry, having

starved lately; but perhaps by to-morrow she will be all right. Yesterday she suffered much, but had two long sleeps, which rested her a little. She says that the root of her tongue is sore. Had she better have any medicine for it, or shall I leave Nature to finish? *I have stopped her medicine, as her toothache and pains have gone.' Pulsatilla* 200, in one dose, was prescribed for the swelled cheek, as *Chamomilla* and *Mercurius* had been given already for the neuralgia.

"So soon as an opportunity offers I shall try the potentised remedy, which I now possess, in the 5, 30, 200, 500, and 1,000th potencies. Instead of taking some twelve or more hours to effect the cure or permanent relief, I should expect one dose of the 1m to accomplish the same in as many minutes. Such is my experience of the difference between the crude drug and a high potency of the same, especially when it is selected according to a mental or subjective characteristic, as in this case.

"2. Miss E. R., age 20, has been suffering

from toothache in a decayed molar, which is *relieved if the attention is drawn off the pain by anything sufficiently exciting.* When at all violent she has no rest in any position, and *must keep continually changing it. Piper methysticum* 500 (F.C.) was given, and *very soon after the first dose* my patient writes me that she 'felt greatly relieved, and on repeating the dose several times, the pain left me entirely.' I am well aware that one swallow does not constitute a summer, but 'every mickle mak's a muckle,' and this second case corroborates my comment on the last, namely, the vast superiority of high over low potencies as a rule."

These few cases will serve to show how Dr. Skinner went to work. Every little thing that a patient complains of does not necessarily constitute a 'symptom' from the prescribing point of view. And very often we may have a very respectable 'totality' to work upon, and miss the most important point of all, which may very likely be a

modality, and contain the key to the situation. Dr. Skinner's plan was to elicit in the examination of the patient all the characteristic points, and look *first* for the remedies having these symptoms in their pathogeneses. But he was consistent throughout in preserving the attitude of Hahnemann—taking the *symptoms* for his guide, and disregarding the name of the disease.

For a time Dr. Skinner was Assistant Physician to the London Homœopathic Hospital, and a member of the British Homœopathic Society. At the Hospital he gathered a little band of students in his out-patient room, but the demands of his own practice did not permit of him holding this position long. At the British Homœopathic Society he read a paper on one occasion. In those days the Society was not as advanced as it is now, and Dr. Skinner did not find the atmosphere quite as congenial as he could have wished. From 1893 to 1895 Skinner was a constant member of the dining club comprising Burnett, Cooper, and myself with

others, and an occasional member of it for some years later. This little club was organised by the late Dr. Cooper, and has now evolved into the club which bears his name. It was my great good fortune to introduce Dr. Skinner into this little fraternity, and so bring together the three most potent influences in the evolution of British homœopathy of to-day. Skinner was the oldest in years, but Cooper was the oldest in homœopathy. Burnett and Skinner commenced to practise it about the same time. All three, each in a different way, approached the problem of treatment from the strictly Hahnemannian standpoint—indications first, and the name of the disease second. With Hendersonian and Hughesian homœopaths this order is reversed.

I have mentioned that Skinner quickly apprehended the importance of nosodes. This importance is now recognised by allopaths as almost their only method of real cure, though they administer their nosodes in the shape of serums, vaccins, and

the like. But they cannot put back the hands of the clock: the priority rests with the homœopaths. From Hahnemann's day onward homœopaths have never lost sight of the possibility of turning disease-viruses, like all other poisons, into remedies. Of modern homœopaths no one has given a stronger impetus in this direction than Dr. Skinner, both in his own work and indirectly through Burnett, who was induced by Skinner to make trial of them. Burnett quickly perceived their value, adopted them into his daily practice, and developed them on lines of his own. It was from Skinner that I obtained my first insight into their action and potency, though I afterwards learned still more about them from Burnett.

Thomas Skinner has made for himself an enduring place in the temple of Hahnemann and of British homœopathy. He has done his share of the work, and has done it well. Whole-hearted, whole-souled, he spared not himself when truth was at stake and principle

to be fought for. His work will live and grow—the *Welt-geist* will see to that. We can only do our little bits of the work, but the *Welt-geist* knows how to put the bits together. The author of *Erewhon* has wittily and truly said, "The quick are more dead and the dead more quick than we commonly think." The three strongest and livest men to-day in the homœopathy of the Old World are—Skinner, Burnett, and Cooper.

For many years past Dr. Skinner had enjoyed very good health, with the exception of an occasional attack of gout. He was fond of fishing and shooting in his beloved Scotland, where for many years he rented a moor. Golf was a regular recreation with him up to within a few weeks of his death. Some months ago I saw him in one of his attacks of gout, and he then told me that he had discovered that he was suffering from diabetes, and he wished me to know the fact in case of anything happening to him

suddenly, because many members of his family had died of this disease.

I was shocked to find on my return from America that Dr. Skinner had passed away suddenly in the Congress week. My first supposition was that it was diabetic coma; but that was not the case. A fortnight before his death he slipped in the street on a banana skin and fell. He did not seem to have hurt himself much, and did not lie up. But twelve days afterwards he was seized with internal pain, and later on with hæmorrhage from the bowels and hæmatemesis. This pointed to the diabetes having its origin in the pancreas and being due to some growth in that organ, which had been injured or ruptured by the fall. Within forty-eight hours of the onset of the pain he passed away in the presence of Mrs. Skinner.

His domestic life had been a very happy one. He leaves a son and daughter and several grandchildren. His first wife passed away a number of years ago. Later he

married a second time, and the marriage brought much happiness to the last years of his life. To Mrs. Skinner his friends are grateful for the loving care she gave him, and she and his children and grandchildren have the sincerest condolence of all who knew and loved him on their loss.

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